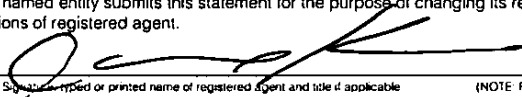
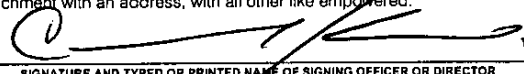


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 007 ***150.00

DOCUMENT # P05000078632 1. Entity Name 2 EXTREME BEAUTY SALON INC					
Principal Place of Business 8380 N FLORIDA AVE TAMPA, FL 33604			Mailing Address PO BOX 13278 TAMPA, FL 33681		
2. Principal Place of Business		3. Mailing Address 2029 Shelbourne Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Wesley Chapel FL		4. FEI Number 20-2924887	
Zip		Country		Applied For ☐ Not Applicable	
Zip 33543		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURAL, CARLO 8380 N FLORIDA AVE TAMPA, FL 33604				7. Name and Address of New Registered Agent Name Kural, Carlo Street Address (P.O. Box Number is Not Acceptable) 2029 Shelbourne Ct City Wesley Chapel FL Zip Code 33543	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  1-24-06 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D KURAL, CARLO 8370 N FLORIDA AVE TAMPA, FL 33604	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D KURAL, CARLO 2029 Shelbourne Ct Wesley Chapel FL 33543
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1-24-06 813-714-6273		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		